Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
<u>District II</u> = (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-43443
District III – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Sailla Pe, NW 67505		6. State Oil & Gas Lease No.
87505			
	OTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			The Squeeze State Com
1. Type of Well: Oil Well	Gas Well Other		8. Well Number 1H
2. Name of Operator			9. OGRID Number
GMT Exploration Company			260511
3. Address of Operator			10. Pool name or Wildcat
1560 Broadway Suite 2000, Denver, CO 80202		Ojo Chiso, Bone Spring	
4. Well Location			
Unit Letter N	: 200 feet from the South	line and 165	feet from the West line
Section 2	Township 22S Range		
	11. Elevation (Show whether DR, R		
	3568' GL	125, 111, 011, 010,	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		_	
PULL OR ALTER CASING			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM		OTUED.	
OTHER: Withdrawal Permit		OTHER:	give portinent dates, including estimated date
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
proposed company	P		
GMT Exploration would like to withdrawal the above permit.			
Spud Date: Rig Release Date:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
11/1/1			
SIGNATURE TITLE Regulatory DATE 12/9/2016			
SIGNATURÉ ///// TITLE Regulatory DATE 12/9/2016			
Type or print name Marissa Walters E-mail address: _mwalters@gmtexploration.com_ PHONE: 303.586.9275			
For State Use Only			
	Dotre	oleum Engineer	12/09/2016
APPROVED BY:	TITLE Petro	Jieum Liigilieer	DATE

Conditions of Approval (if any):

Conditions of Approval: if site construction has occurred, site remediation is

required.